

PROVIDER'S CERTIFICATE OF UNDERSTANDING

I, _____, do hereby
certify that I understand that my off-duty employment is subject
to the regulations and restrictions contained in DoD Directive
5500.7-R, MANMED Article 1-22 and NAVHOSPLEMINST 1050.5P. I
further certify that I agree to abide by these regulations
pertaining to my off-duty employment.

Signature and Date